



ORIGINAL ARTICLE

How should we address the diagnosis of overactive bladder in women?☆



M.A. Jiménez Cidre^{a,*}, L. López-Fando^a, M. Esteban^b, A. Franco^c, S. Arlandis^d, D. Castro^e, L. Prieto^f, J. Salinas^g, C. Gutiérrez^h, J.L. Gutiérrez Bañosⁱ, J. Cambronero^j, Grupo de investigación en Resultados de Salud en Urología Funcional y Urodinámica (IFU)

^a Hospital Universitario Ramón y Cajal, Madrid, Spain

^b Hospital Nacional de Paraplégicos, Toledo, Spain

^c Hospital Universitario Clinic, Barcelona, Spain

^d Hospital Universitario la Fe, Valencia, Spain

^e Hospital Universitario de Canarias, Tenerife, Spain

^f Hospital General Universitario de Elche, Alicante, Spain

^g Hospital Clínico San Carlos, Madrid, Spain

^h Fundación Puigvert, Barcelona, Spain

ⁱ Hospital Universitario Marqués de Valdecilla, Santander, Spain

^j Hospital Universitario Infanta Leonor, Madrid, Spain

Received 9 June 2015; accepted 6 August 2015

Available online 19 December 2015

KEYWORDS

Overactive bladder;
Diagnosis;
Effectiveness

Abstract

Objective: Determine the degree of completion, agreement and diagnostic performance of various instruments for assessing the presence and intensity of urgency and other symptoms of idiopathic overactive bladder (OAB) and determine which is the best diagnostic combination.

Material and methods: Observational, noninterventional, cross-sectional multicentre study on 247 women aged 18 years or older, with a clinical diagnosis of OAB, evaluated in 55 functional urology and urodynamic units. The women completed the Patient Perception of Intensity of Urgency Scale questionnaire, an independent bladder control self-assessment questionnaire (B-SAQ), the Overactive Bladder Questionnaire Short-Form and a 3-day voiding diary (VD3d),

☆ Please cite this article as: Jiménez Cidre MA, López-Fando L, Esteban M, Franco A, Arlandis S, Castro D, et al. ¿Cómo debemos abordar el diagnóstico de la vejiga hiperactiva en mujeres? Actas Urol Esp. 2016;40:29–36.

* Corresponding author.

E-mail address: mjcidre00@hotmail.com (M.A. Jiménez Cidre).

and they underwent a urodynamic study (UDS). The degree of completion and agreement among the instruments was assessed using the Kappa index (95% CI) and Cramér's ν . The diagnostic performance of each tool and their combination was studied using absolute frequencies of positive cases for each OAB symptom.

Results: The patients mean age was 57.66 years (SD, 13.43). There was a high degree of completion (>85%). The agreement among the instruments was poor or moderate, and there was no agreement with the UDS. The best combination of tools for the diagnosis of OAB in women was the B-SAQ and VD3d.

Conclusions: The degree of completion of all instruments was high, the agreement between them was poor-moderate and not significant for the UDS. The instruments that had the best diagnostic performance for assessing urgency and other OAB symptoms, providing data on their severity and discomfort, were the B-SAQ and the VD3d.

© 2015 AEU. Published by Elsevier España, S.L.U. All rights reserved.

PALABRAS CLAVE

Vejiga hiperactiva;
Diagnóstico;
Efectividad

¿Cómo debemos abordar el diagnóstico de la vejiga hiperactiva en mujeres?

Resumen

Objetivo: Determinar el grado de cumplimentación, concordancia y redimiendo diagnóstico de diferentes instrumentos para evaluar la presencia e intensidad de la urgencia y el resto de síntomas de la vejiga hiperactiva idiopática (VH) y determinar cuál es la mejor combinación diagnóstica.

Material y métodos: Estudio observacional no intervencionista, transversal y multicéntrico de 247 mujeres ≥ 18 años con diagnóstico clínico de VH, estudiadas en 55 unidades de urología funcional y urodinámica que cumplimentaron los cuestionarios *Patient Perception of Intensity of Urgency Scale* como un cuestionario independiente, Cuestionario de autoevaluación del control de la vejiga (CACV), *Overactive Bladder Questionnaire Short-Form* y un diario miccional de 3 días (DM3d) y sometidas a estudio urodinámico (EUD). Se evaluó el grado de cumplimentación y grado de acuerdo entre instrumentos utilizando el índice Kappa (IC 95%) y V de Cramer. Se estudió el rendimiento diagnóstico de cada herramienta y la combinación de ellas, mediante las frecuencias absolutas de casos positivos para cada síntoma de VH.

Resultados: Edad media (DE): 57,66 (13,43) años. El grado de cumplimentación es elevado (>85%). El grado de acuerdo entre instrumentos es pobre o moderado, y sin acuerdo para el EUD. La mejor combinación de herramientas para el diagnóstico de la VH en la mujer es el CACV y DM3d.

Conclusiones: El grado de cumplimentación de todos los instrumentos fue elevado, la concordancia fue pobre-moderada entre sí y sin significación para el EUD. Los instrumentos que presentan mayor rendimiento diagnóstico para evaluar la urgencia y resto de síntomas de VH aportando datos sobre su severidad y molestia son el CACV y el DM3d.

© 2015 AEU. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

The International Continence Society (ICS) defines overactive bladder (OAB) as the presence of urgency, with or without urge incontinence (UUI), usually associated with increased urinary frequency and nocturia, in the absence of infection or organic disease.^{1,2} The diagnosis of OAB is based in part on information that patients provide on their symptoms, the degree of discomfort and how it impacts their quality of life. The differential diagnosis is not only key to exclude other diseases, but also patients with OAB may have more than one cause or diagnosis that contributes to produce the lower urinary tract symptoms (LUTS).³ Urgency is the key symptom in the pathophysiology of OAB and produces the rest of symptoms⁴; therefore, it is very important to measure it. However, being sensitive data, referring to the patient (subjective), it is difficult

to assess. Not all the symptoms of OAB are present in all patients, or have the same severity, or affect them all equally.

As recommended in the guidelines on urinary incontinence (UI) and OAB,⁵⁻⁷ medical history should include questions about the timing and duration of symptoms, the degree of discomfort, background, dietary habits, comorbidities, concomitant therapy, etc., allowing us an important initial approach to the diagnosis.

The voiding diary (VD) is a validated instrument that allows us to quantify the number of episodes of each symptom of OAB and provides useful information on fluid intake and urinary volume, use of absorbents, etc. Although the VD is a widespread tool in the field of research, in clinical practice it is not so, despite its recommendation for use by

Download English Version:

<https://daneshyari.com/en/article/3845301>

Download Persian Version:

<https://daneshyari.com/article/3845301>

[Daneshyari.com](https://daneshyari.com)